

Biological Sample and Shipment Notification Form - Saliva*Please email or fax the form on or prior to the date of shipment*

Sample Type	Number of Tubes	Tube Type	Shipment
Saliva	1	Saliva Collection Tube	Ambient

To: Kelley Faber

Email: alzstudy@iu.edu

Phone: 1-800-526-2839

General Information:

UPS Tracking #: _____

Site Coordinator: _____ Date: _____

Phone: _____ Email: _____

Kit Barcode

Study: AD Family-Based Study

Site ID: _____ Family ID: _____ Individual ID: _____

Sex: M F GUID: _____

Year of Birth: _____

Visit (please circle one): 1 2 3 4 5 6 7 8 9 10

Saliva Collection:

1. Date Drawn: _____ [MM/DD/YYYY]

2. Time of Draw: _____ [HH:MM]

3. Date Subject Last Ate: _____ [MM/DD/YYYY]

4. Time Subject Last Ate: _____ [HH:MM]

INTERNAL NCRAD USE ONLY

Complete Saliva Volume: _____ mL

Notes:
